



East Knox Local School District

Food Services Dept.
23201 Coshocton Rd
Howard, OH 43028

(Negative balances must be paid prior to withdrawing)



PARENT REQUEST FOR REFUND

STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
STUDENT NAME:		ID#:		SCHOOL NAME:		TOTAL AMOUNT:	\$
						GRAND TOTAL :	\$

PARENT INFORMATION

PARENT NAME:							
MAILING ADDRESS:							
CITY:		STATE:		ZIP CODE:			
Phone:	() -	-	E-Mail:				
PARENTS SIGNATURE:							

FOR FOOD SERVICES OFFICE USE ONLY

AMOUNT TOTAL REFUND:	\$
DATE REFUND PROCESSED IN FSO:	
OFFICE SIGNATURE:	
<p>EMAIL THIS FORM TO: jbusenburg@ekschools.org</p> <p>Checks will be mailed. Please ensure an accurate mailing address on this form.</p> <p>Forms can take several weeks to process.</p>	